

Williamson County Medical Plan
Plan year: 01/01/2012 – 12/31/2012



health plan options
for *the fantastically, amazingly,
remarkably one-of-a-kind*
you

know what's important to you

Your health needs are unique. Your health plan should be no different. That's why Cigna plans offer so many programs and services. We want to make sure that what we have will fit your needs. And we'll help you get what you need to improve and maintain your health and well-being.

This year, Williamson County offers you the following health plans:

- Open Access Plus "Deductible Plan"
- Open Access Plus In-network "Copay Plan"

You'll find that these Cigna health plans offer so much more than coverage for your basic medical needs. With all our plans you'll be able to:

- Compare the cost and quality of medications, medical services and hospital care with easy-to-use calculators available on **myCigna.com**.
- Find quick, affordable care for a number of routine medical conditions at clinics located right where you shop.
- Save time and money with fast, convenient home delivery of your prescription medications.
- Use online and telephone coaching programs to lose weight, quit tobacco, reduce stress and improve your lifestyle.
- Talk to a nurse over the phone, any time, day or night.

The information in this brochure is provided as a guide only. Please make sure you read all your enrollment information. Plan details may vary. If you need help, talk to your benefits department.

Enrollment checklist.

Enrollment is one of the most important decisions you'll make this year. These steps will help you choose wisely.

☐ **Think** about your health history and health care needs. Consider how much you spend on average for health care in a plan year. How might that change in the upcoming year?

☐ **Check** the online directory on **Cigna.com** to see if your doctor participates in our network.

☐ **Check** the drug list in the pharmacy plan section of **Cigna.com** to see if your medications are covered.

Call the pre-enrollment hotline at 800.Cigna24 (800.244.6224) if you have more questions.

options 1 and 2

Open Access Plus “Deductible Plan” and Open Access Plus In-network “Copay Plan”

These options pay for medical care, including visits to your doctor’s office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.

You’re encouraged to select a primary care doctor, but you can see a specialist without a referral.

If you are in the “Copay Plan,” you pay a portion of the cost for each visit. With the “Copay Plan,” you have access to vision coverage through Cigna Vision for an eye exam only.

If you are in the “Deductible Plan,” you’ll pay an annual deductible before your health care plan begins to pay for eligible expenses. Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care expenses and the plan pays the rest.

Important features:

- No referral is needed to see a specialist.
- 24-hour emergency care, in- or out-of-network.
- You’re protected by an out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No paperwork necessary when you receive care in-network.
- You always have the option of seeing any licensed doctor in or out of the Open Access Plus “Deductible Plan” network; however, your cost will be lower if care is received inside the network.
- With Open Access Plus In-Network “Copay Plan,” you have the option of seeing any doctor who participates in the Cigna Network. If you choose to visit a doctor who does not participate with Cigna, your care will not be covered

You can view highlights of this plan on pages 4–5. Remember, this brochure is a guide only. Make sure you read *all* your enrollment information. Plan details may vary.

Pay Period Deductions Effective January 1, 2012

	County Government		Board of Education		
	Monthly	26 pays	20 pays*	22 pays*	24 pays**
Option 1 – Deductible Plan					
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$164.52	\$ 75.93	\$ 98.71	\$ 89.74	\$ 82.26
Employee +2 or more	\$314.08	\$144.96	\$188.45	\$171.32	\$157.04
Spousal Employee +1	\$264.52	\$122.09	\$158.71	\$144.28	\$132.26
Spousal Employee +2 or more	\$414.08	\$191.11	\$248.45	\$225.86	\$207.04
Option 2 – CoPay Plan					
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$110.24	\$ 50.88	\$ 66.14	\$ 60.13	\$ 55.12
Employee +2 or more	\$210.47	\$ 97.14	\$126.28	\$114.80	\$105.24
Spousal Employee +1	\$210.25	\$ 97.04	\$126.15	\$114.68	\$105.13
Spousal Employee +2 or more	\$310.48	\$143.30	\$186.29	\$169.35	\$155.24

*Classified Employees only

**All Educators and 12 month Classified

Per Pay Deductions are based on the Monthly cost and the number of pay periods in a 12 month period.

review your plan options

Option 1

Option 2

	Open Access Plus “Deductible Plan”		Open Access Plus In-network “Copay Plan”	
Medical Plan Highlights				
	Employee	Family	Employee	Family
Medical Deductible – In-network	\$470	\$1,175	0	0
Out-of-network	\$680	\$1,700	Not covered	Not covered
Out-of-pocket maximum				
In-network	\$1,645	\$3,290	\$2,100	\$4,200
Out-of-network	unlimited	unlimited	Not covered	Not covered
Prescription Medication Highlights				
	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
Pharmacy Deductible	Not applicable	Not applicable	Not applicable	Not applicable
Generic	\$15	\$15	\$15	\$15
Cigna preferred brand	\$25 or 25% maximum \$100	\$45	\$25 or 25% maximum \$100	\$45
Non-preferred brand	\$40 or 40% maximum \$100	\$80	\$40 or 40% maximum \$100	\$80

With Cigna Home Delivery, you'll enjoy:

- Convenient delivery of your maintenance medications directly to your home or preferred location.
- Save money and valuable time by ordering up to a 90-day supply with refills of your maintenance medications.
- Easy refills – up to a 90-day supply means fewer refills.
- Fast answers from a Cigna pharmacist 24/7.
- Reminder service to refill or take your medication available at [Cigna.com/coachrx](https://www.cigna.com/coachrx).
- Cigna Home Delivery: **800.285.4812**.
- Specialty medications are available through Cigna Home Delivery – Specialty Pharmacy Program: **800.351.3606**.

Words to know:

Copay: A preset amount you pay for your covered health care costs. The health plan pays the rest.

Coinsurance: Your share of the cost of your covered health care costs. The health plan pays the rest.

Out-of-pocket maximum: The most you pay before the health plan begins to pay 100% of covered charges. You will still need to pay for any expenses the health plan doesn't count towards the limit.

In-network: Health care professionals and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower cost for those services.

Out-of-network: A health care professional or facility that doesn't participate in Cigna's network and doesn't provide services at a discounted rate. Using an **out-of-network** health care professional or facility will cost you more.

Generic Drugs: Prescription medications that usually cost less than brand-name medications, but have the same potency and can be offered in the same form as a brand-name version.

Cigna Preferred Brand Drugs: Prescription medications that are included on Cigna's Drug List and generally have no generic equivalent.

Cigna Non-Preferred Brand Drugs: Prescription medications that are not included on Cigna's Drug List because there is a generic equivalent that is equally effective and less costly and/or one or more preferred-brand options.

Option 1

Option 2

	Open Access Plus “Deductible Plan”		Open Access Plus In-network “Copay Plan”	
Office/Routine care – What You’ll Pay Once You Meet Your Deductible				
	In-network	Out-of-network	In-network	Out-of-network
Preventive care	100% up to \$350, then 10% after plan deductible	50% after plan deductible	\$30 / \$45 copay	Not covered
Office visits	10% after plan deductible	50% after plan deductible	\$30 copay	Not covered
Specialist visits	10% after plan deductible	50% after plan deductible	\$45 copay	Not covered
Prenatal care	10% after plan deductible	50% after plan deductible	\$30 / \$45 copay	Not covered
Chiropractic	100% up to \$350, then 10% after plan deductible	50% after plan deductible	\$45 copay Limit: 10 days / calendar year	Not covered
Physical, occupational and speech therapy	10% after plan deductible	50% after plan deductible	\$45 copay	Not covered
Vision Eye Exam	No coverage	No coverage	\$40 copay	\$45 allowance
Well-child care	100% up to \$350, then 10% after plan deductible	50% after plan deductible	\$30 / \$45 copay	Not covered
Lab, X-ray, diagnostic tests	10% after plan deductible	50% after plan deductible	No charge after office visit copay	Not covered
Durable medical equipment	10% after plan deductible	50% after plan deductible	You pay 20%	Not covered
Hospital Care – What You’ll Pay Once You Meet Your Deductible				
Inpatient hospitalization	10% after plan deductible	50% after plan deductible	\$368 copay per visit, then 0%	Not covered
Outpatient surgery	10% after plan deductible	50% after plan deductible	\$262 copay per visit, then 0%	Not covered
Emergency room	\$155 copay, then 10% after plan deductible	\$155 copay, then 10% after plan deductible	\$155 copay per visit, then 0%	\$155 copay per visit, then 0%
Urgent care center	10% after plan deductible	50% after plan deductible	\$55 copay	\$55 copay
Ambulance	10% after plan deductible	50% after plan deductible	You pay 0%	You pay 0%
Mental Health and Substance Abuse – What You’ll Pay Once You Meet Your Deductible				
Inpatient (Unlimited day maximum)	10% after plan deductible	50% after plan deductible	\$368 copay per admit, then 0%	Not covered
Outpatient	10% after plan deductible	50% after plan deductible	\$30 / \$45 copay	Not covered

¹ What you’ll pay after you meet your deductible, unless otherwise indicated. You’ll pay 100% of the cost until you meet your deductible.

These plans provide coverage for most medically necessary services. However, there are certain services and supplies that are not covered by the health plan, regardless of medical necessity. See page 9 of this guide for examples of plan exclusions.

get smarter about ways to stay healthy

We all use preventive measures to keep ourselves and our families from injury or illness, such as using seatbelts in the car or even washing our hands to prevent the spread of germs. Preventive care visits with your doctor is one more way to keep you healthy. The time and money you spend now on checkups and tests can help you to avoid serious health concerns later on. This is a general list. Your doctor will determine the preventive care services that are right for you based on your age, gender and family history.

Cigna covers preventive health services based on recommendations from the US Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care.

Children and Adolescents (as appropriate by age)		
Immunizations	<ul style="list-style-type: none"> ■ Diphtheria, Tetanus, Pertussis (DTap) ■ Haemophilus influenzae type B ■ Hepatitis A and B ■ Human Papillomavirus (HPV) ■ Influenza (Flu) ■ Measles, Mumps, Rubella (MMR) 	<ul style="list-style-type: none"> ■ Meningococcal (MCV) ■ Pneumococcal (pneumonia) ■ Inactivated Poliovirus ■ Rotavirus ■ Varicella (chickenpox)
Wellness Exams & Screenings	<ul style="list-style-type: none"> ■ Well-baby/well-child exam (includes medical history, height, weight, Body Mass Index (BMI) and behavioral assessment) ■ Developmental screening ■ Autism screening ■ Vision screening (not complete eye exam) ■ Hearing screening (not complete hearing exam) ■ Oral health risk assessment ■ Hematocrit or Hemoglobin screening ■ Obesity screening and weight management counseling ■ HIV screening for adolescents at higher risk 	<ul style="list-style-type: none"> ■ Iron supplements for children 6 to 12 months who are at higher risk for anemia ■ Lead screening for children at risk ■ Fluoride supplements for children without fluoride in their water ■ Dyslipidemia screening for children at higher risk of lipid disorder ■ Tuberculin testing for children at higher risk ■ Depression screening for adolescents ■ Alcohol and drug use assessment for adolescents ■ Counseling to prevent sexually transmitted infections (STIs) for sexually active adolescents ■ Cervical dysplasia screening for sexually active young women
Adults (as appropriate by age and gender)		
Immunizations	<ul style="list-style-type: none"> ■ Diphtheria, Tetanus, Pertussis (DTap) ■ Hepatitis A and B ■ Herpes Zoster ■ Human Papillomavirus (HPV) ■ Influenza (Flu) 	<ul style="list-style-type: none"> ■ Measles, Mumps, Rubella (MMR) ■ Meningococcal (MCV) ■ Pneumococcal (pneumonia) ■ Varicella (chickenpox)
Wellness Exams & Screenings	<ul style="list-style-type: none"> ■ Well-person exam ■ Blood pressure screening for all adults ■ Cholesterol screening for men age 35 and older, women age 45 and older, and younger adults at higher risk ■ Diabetes screening for type 2 diabetes for adults with high blood pressure ■ HIV and sexually transmitted infection (STI) screenings for adults at higher risk ■ Breast cancer mammography for women over age 40 ■ Breast cancer chemoprevention counseling for women at higher risk ■ Cervical cancer pap test for women 	<ul style="list-style-type: none"> ■ Colorectal cancer screenings including fecal occult blood testing, sigmoidoscopy or colonoscopy from age 50 to 75 ■ Prostate cancer (PSA) screening for men ■ Abdominal aortic aneurysm one-time screening for men age 65 to 75 who have smoked ■ Osteoporosis screening for women age 60 and older, depending on risk factors ■ Chlamydia infection screening for sexually active women age 24 and younger and other women at higher risk ■ Gonorrhea and syphilis screening for sexually active women at higher risk ■ BRCA counseling about genetic testing for women at higher risk
Specifically for Pregnant Women and Newborns		
	<ul style="list-style-type: none"> ■ Folic acid supplements for women who may become pregnant ■ Anemia screening for iron deficiency ■ Tobacco cessation counseling for all pregnant women who smoke ■ Syphilis screening for all pregnant women ■ Hepatitis B screening during the first prenatal visit 	<ul style="list-style-type: none"> ■ Rh incompatibility blood type testing ■ Bacteriuria urinary tract infection screening at 12 to 16 weeks ■ Breastfeeding education to promote breastfeeding ■ Screening for hearing loss, hypothyroidism, sickle cell disease, phenylketonuria (PKU) for newborns

Other services that are not classified as preventive care, but are generally covered under the medical plan, include tests to investigate existing symptoms, tests to follow up for results of screenings, and tests to monitor an ongoing condition or prevent a current condition from becoming worse. Exclusions: This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies for or in connection with experimental, investigational or unproven services. This document only highlights coverage for preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the Summary Plan Description or Insurance Certificate.

get smarter about ways to stay healthy

With Cigna, you'll have more control over your health care than ever before. And we'll be here to help you understand your options and ultimately choose the care that best fits your family's needs – and budget.

Here's a few easy ways you can save out-of-pocket health care expenses.

Use the Cigna Network

Using doctors, hospitals, and facilities that participate in the Cigna network can save you money. "In-network" services apply to all health care services, including doctors and hospitals, as well as outpatient testing, treatment surgery centers that are participating in the Cigna network. In addition, doctors who have earned the Cigna Care Network® designation by meeting stringent quality and cost criteria, may offer additional value and savings.

Urgent Care

Emergency Rooms (ER) provide immediate specialized care to people with serious, often life-threatening issues. However, many people use the Emergency Room (ER) for conditions that are much less serious. Using an urgent care center or your doctor's office instead of an ER can save you time and money and provides the same quality of care as an ER. If you need care and are not sure if you need to go to the ER, call your doctor.

Convenience Care or Retail Clinics

Convenience Care clinics provide quick and easy access to high quality treatment for common medical conditions when you cannot get an immediate appointment with your doctor. These clinics are located in department stores, grocery stores and pharmacies and are often open nights and weekends. When your doctor is not available, you can save time and money by using a convenience care clinic for minor or routine conditions, instead of going to an ER or urgent care center.

Laboratory and Pathology Tests

Two of the nation's largest and most prominent laboratories, Quest Diagnostics, Inc. (Quest) and Laboratory Corporation of America (LabCorp), participate in the Cigna network. Services at these labs can cost less and offer the same or better quality than hospital laboratories. When you need lab services, discuss these options with your doctor. Find out more on their websites:

Quest: questdiagnostics.com

LabCorp: labcorp.com

Radiology Services (MRI, CT or PET Scan)

If you need to have an MRI, CT or PET scan, you can save hundreds of dollars by using an independent radiology center. While Cigna contracts with all types of facilities that provide radiology services, using independent radiology centers will save you money, without any difference in quality. Discuss location options with your doctor.

Colonoscopy, Endoscopy or Arthroscopy

When a doctor recommends a colonoscopy, GI endoscopy or arthroscopy, make sure you know your options. Using a freestanding outpatient surgery center for these procedures instead of a hospital can often save hundreds of dollars, while maintaining the same high quality. Talk with your doctor about your options.

Cigna customer service and **myCigna.com** are available to help you find your option, 24 hours a day, 7 days a week.

get smarter about ways to stay healthy

Prescription Drug Coverage

Choosing the medication that's right for you should be up to you and your doctor. So we offer you an extensive list of brand and generic medications to help you choose the "right" one based on how well it works and how much it costs.

Choosing where to fill your medication should be easy, too. With more than 57,000 pharmacies and Cigna Home Delivery Pharmacy in our network, you will have convenient access to your medications – whether you pick them up or have them delivered to your home.

To help you stay healthy and manage the prescription medications you or your family may need, you'll have access to online resources and tools:

- Cigna Home Delivery Pharmacy is especially for individuals who take prescription medications on a regular basis. Ordering medications can be done online or over the phone.
- On **myCigna.com** you'll be able to review your pharmacy-specific benefits, track your pharmacy expenses, research thousands of medications available and ask a pharmacist questions.
- Our national award-winning*, Prescription Drug Price Quote tool helps you learn the actual amount you will pay for a specific medication and provides a pricing report you can use to speak with your doctor about low-cost options.

If you are in the Copay Plan

Locate a Vision network eye care professional – the Cigna Vision Directory can be found in "Provider Directory" at **Cigna.com** by clicking or by calling Cigna Vision Customer Service at **877.478.7557**.

Once enrolled in the Cigna Vision plan, your specific vision plan information, claims and Provider Directory are available on **myCigna.com** – go to the Medical main page and click on the vision benefits link.

When scheduling an appointment – be sure to identify yourself as a Cigna Vision customer. Present your Cigna Vision I.D. Card at the time of your appointment, which will quickly assist the doctor's office to access your plan details and verify your eligibility.

Visit a Cigna Vision network eye care professional for maximum savings and virtually no paperwork. You may also seek care from an out-of-network eye care professional.

If you go out of the network, for Cigna Vision, you are responsible for paying the eye care professional in full at the time services are rendered and will need to file a claim form to receive reimbursement. Submit a completed Cigna Vision Claim form and itemized receipt to:

Cigna Vision Claims Department
P. O. Box 997561
Sacramento, CA 95899-7561

Cigna Vision Claim forms are available on **Cigna.com** – go to Forms, Vision Forms or call Cigna Vision Customer Service at **877.478.7557**.

Health assessment

Get to know your health

Understanding your health can be the first step toward improvement, and a health assessment is a great way to get started. Your answers to this easy to complete questionnaire about your health and well-being will be used to create a personalized report with details about your most important health issues. The report includes suggestions for health screenings, and information about wellness and other health programs. You'll also get health information for your personal situation. Based on your responses, you may receive an invitation to participate in an online coaching program.

Your report is also useful to share with your doctor at your next visit.

Lifestyle Management Programs

The support you need to change your life

If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health advocate can provide you with personalized coaching to help you:

- Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active.
- Develop a personal quit plan to become and remain tobacco free. Use an online or telephone coaching program – or both – for the support you need.
- Understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job.

make sure you read this important information

Notice of Grandfathered Plan Status

This plan is being treated as a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your coverage may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the health plan administrator at the phone number or address provided in the health plan documents, to your employer or plan sponsor or an explanation can be found on Cigna’s website at http://www.Cigna.com/sites/healthcare_reform/customer.html.

If the health plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

If the health plan is a nonfederal government plan or a church plan, you may also contact the U.S. Department of Health and Human Services at healthcare.gov.

What’s Not Covered*

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer’s benefit plan, unless required by law:

- Services provided through government programs
- Services that aren’t medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit, including services covered by Worker’s Compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight-loss programs
- Hearing aids
- Treatment of sexual dysfunction
- Travel immunizations
- Telephone, email and internet consultations in the absence of a specific benefit
- Treatment of TMJ Disorder
- Acupuncture
- Infertility services
- Obesity surgery and services
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These services may not be covered under your medical plan, but you can pay for them using your health account.

* For a complete list of both covered and not-covered services, including benefits required by your state, please see your employer’s insurance certificates or summary plan description – the official plan document.

important notice special enrollment requirements

Here is important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

If You Are Declining Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

*To request special enrollment or obtain more information, contact Customer Service at **800.Cigna24** (800.244.6224).*

Other Late Entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your benefit plan. Please contact your benefits manager for more information.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in your benefit plan documents. If you would like more information on WHCRA benefits, call Customer Service at **800.Cigna24** (800.244.6224).

Protecting Your Confidentiality

Protection of Your Confidential Information

Cigna is committed to maintaining the confidentiality of our customers' health information. We have established policies and safeguards to protect oral, written and electronic information across our organization.

Information About Cigna HealthCare Privacy Practices

Our Notice of Privacy Practices is distributed at enrollment to all customers covered under a medical insurance policy. Customers covered under self-insured medical plans will receive notices from their employers and can obtain a copy of Cigna HealthCare's notice by calling Customer Service.

Release of Confidential Information

We will not use or disclose your confidential information without your written authorization for any purpose other than the purposes permitted by the HIPAA Privacy Rule. For example, we will not supply confidential information to another company for its marketing purposes or to a potential employer with whom you are seeking employment unless you authorize it.

Access to Your Medical Records

You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. We may charge you copying and mailing costs. Under limited circumstances, we may deny you access to a portion of your records. Instructions on how to obtain a copy of your records will be included in the Notice of Privacy Practices you receive from Cigna HealthCare or your employer after you enroll.

Information to Employers

We may disclose your confidential information to your employer or to a company acting on your employer's behalf so that it can monitor, audit and otherwise administer the health benefit plan in which you participate. Your employer is not permitted to use the confidential information we disclose for any purpose other than administering your health benefit plan.

Pre-Existing Condition Limitations

Benefit Limitations for Pre-Existing Conditions

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to this plan, you might have to wait a certain period of time before the health plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the health plan within 30 days after adoption or placement for adoption.

Credit for Prior Coverage

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period, give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact your Cigna Customer Service Representative if you need help demonstrating your creditable coverage.

The following types of plans are considered creditable:

- A self-insured group health plan;
- An individual or group health insurance plan or HMO plan;
- Part A or Part B of Medicare;
- Medicaid, except coverage solely for pediatric vaccines;
- A health plan for current and former members of the armed forces and their dependents;

- A plan provided through the Indian Health Service;
- A state health benefits risk pool;
- The Federal Employees Health Benefits Program;
- A plan provided under the Peace Corps Act;
- A state, county or municipal public health plan;
- Coverage provided under state or federal health continuation mandates (such as COBRA); and
- An individual or group health conversion plan.

If you have not been covered under any health care plan for 63 days or more, your coverage under prior plans will not be creditable. Eligibility waiting periods will not count toward the 63 days.

If you already have a certificate of creditable coverage from your prior plan, please attach a copy (do not send the original) to your enrollment form. If you do not have a certificate at this time, you should still complete and submit your enrollment materials.

If you need to submit your certificate of creditable coverage after you enroll, please send it to:

Eligibility Services
Cigna HealthCare
900 Cottage Grove Road
Hartford, CT 06152
or via fax to
800.476.0097

Once your prior coverage records are reviewed and credit is calculated, you will receive a notice of your available credit and your remaining pre-existing condition limitation period.

Please note: Pre-existing condition limitations may vary because of state law. Please consult your benefit plan administrator or benefit plan documents for more details.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Cigna Eligibility Services at **800.244.6224**.

connect to better health with myCigna.com

Let **myCigna.com** connect you to better health and wellness. Whether your goal is to keep better track of your health plan spending or find new ways to get back to better health, **myCigna.com** can help. That's because it's been designed with one person in mind. You.

Understand health costs

Get financial information at a glance with our account balance trackers. Using simple graphics, these tools show you what you've spent and how much you have left. You'll see a general overview of your financial information, with the option to learn more about specific details. You can also find costs and details for common medical procedures, based on average costs in your area.

Find a doctor

When you search for doctors or health facilities on **myCigna.com**, you'll immediately see whether they're in or out of the Cigna network. You'll also get quality and cost-value ratings, and you can even create a personalized list of nearby doctors, hospitals and other treatment facilities.

Get support

From losing weight to reducing stress, you can connect to health improvement plans customized just for you. We'll review your health risks and preferences to create a plan that meets your unique needs. And as your needs change, the health plan will change with them. So we're always focused on what's most important to you.

Understand your health

Find helpful tools to help you better understand your health, health coverage and health spending. **myCigna.com** can help you find and choose quality, affordable care and learn new ways to take better care of yourself and your family.

Nothing is more important than your good health. That's why there's **myCigna.com** – your online home for assessment tools, plan management, medical updates and much more.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, talk to your benefits department.

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